

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001099	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/30/2023
NAME OF PROVIDER OR SUPPLIER: WELLSPAN DR. ROY A. HIMELFARB SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 12 ST. PAUL DRIVE, SUITE 100 Building 2 CHAMBERSBURG, PA 17201		
STATE LICENSE NUMBER: 11401501				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
P 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an occupancy survey conducted on November 9, 2022, at Dr. Roy A. Himelfarb Surgery Center which included decontamination and clean supply areas. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.</p>	P 0000		

(X6) DATE:



Certified End Page

WELLSPAN DR. ROY A. HIMELFARB SURGERY CENTER

STATE LICENSE NUMBER: 11401501

SURVEY EXIT DATE: 01/30/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY